

D.C. No Wrong Door

Administration and Governance

Planning for Sustainability

Prepared by the LNUSS Group under contract with NASDDDS

## **Sustainability Planning for the D.C. NWD Project**

Following interviews with leaders of the major agencies participating in the No Wrong Door grant project, areas of commonality and priorities are explored below for consideration as the District prepares for continuing key aspects of the project at the conclusion of the grant period. The results of the interviews are included as Attachment A.

### Vision, Mission and Goals

The DC Support Link Vision, “A coordinated system that will support people with disabilities, older adults and their families who are in need of Long-Term Supports and Services (LTSS)”, should continue to unify the project’s sustainability efforts.

While each component of the mission and each goal of the project is critical to achieve the overall vision as espoused by the grant funders, the Leadership Council should engage in a thorough evaluation of the performance of the grant project during Fiscal Year 2018 to understand which activities have been most effective in support of the stated vision. Based on the discussions with each agency, there are significant differences among them regarding the importance of the full scope of the project.

The Department of Health Care Finance (DHCF), for example, is very focused on operations and compliance priorities. As the SSMA, DHCF has been very involved in ensuring the front door to Medicaid services operates efficiently and effectively. This has included work with the DCOA/ADRC and DHCF contractors to streamline the application and assessment processes for LTSS. DHCF has also welcomed the opportunities for training in Person-Centered Counseling and practices for state staff and for the newly established conflict free case management agencies. This training has assisted DHCF to address weaknesses in PCC and planning and meet requirements found in CMS regulations for HCBS services.

To advance streamlined access to services further, DHCF strongly believes work on the new case management system to be shared by DHCF, DDS/DDA and DCOA will establish uniform methods for collecting information and minimize the need for people seeking services to go from agency to agency and start over at each place. This addresses three key service agencies, but additional work will need to be addressed if DDS/RSA, DHS, CFSA and DBH are to be effectively integrated as key components of a comprehensive LTSS system, and achieve a portion of the mission to connect people to government organizations. Attention will need to be paid to how data can be shared with the other agencies via back-end data transfer protocols during the development of the Medicaid and DCOA case management system.

Others involved in the NWD project seek to achieve the aspirational objectives. They support the goal of creating a system where District residents can enter the LTSS system at any point and gain access to services and supports they ultimately need, even those they did not know existed. The concept of the “warm handoff” and the value of true cross-agency collaboration are acknowledged as beneficial goals. The challenge remains how to maintain joint initiatives across agencies with individual responsibility for discreet parts of the LTSS system. Each state was required to have leadership and commitment from the Governor’s office for just this reason. The District will need to clearly evaluate the current project and determine what are the most important aspects of its efforts to continue, what needs to be changed and if there are new activities that have been identified that will advance the overall vision and mission.

Linking people to private and community organizations appears to be dependent upon the success of the resource portal at this stage of the project, and of the capabilities of various resource and intake staff of various agencies to utilize the portal effectively. The District is not ready to engage the private sector in the NWD project, instead preferring to strengthen the public-sector business processes and systems before expanding the project to connecting private organizations to the NWD system. The Leadership Council may wish to explore this for future strategic planning as one strategy to improve performance in diverting people from entering nursing homes. The District maintains a high occupancy in nursing homes and has difficulty with assisting people to transition from nursing homes back to the community due to the lack of affordable and accessible housing. This is a powerful incentive to try to minimize entrance into nursing homes in the first instance and help people avoid losing existing housing while institutionalized. Effective coordination of public and private services paired with natural supports is the ultimate goal of the NWD system and would assist District residents to remain in the community for as long as possible.

Work in the area of Person-centered planning and counseling training has been extensive but there is a good deal to be addressed going forward. The training needs to be adapted to be applicable to multiple population groups. Training also needs to be developed for use with different groups of staff involved in the LTSS system to help expand the principles and values of person-centered thinking in a more time efficient manner. Interviews revealed consistent views that training needed to be more concise for private and public-sector staff who were not case managers. The critical element for sustainability planning is how to develop training resources, especially for the private sector, but also for public-sector staff, that can reach scale for the larger private sector service delivery system and be established in the public-sector for on-going staff development needs. Effective methods of education are also needed for people who are seeking LTSS so that they can effectively participate in person-centered counseling and planning and be empowered to make informed choices. Common principles and practices should still be pursued for inclusion by each agency in their respective policies and procedures.

Determining what to sustain is the role of the Leadership Council, but determining whether the Leadership Council itself is sustained and in what form must also be resolved. If the full vision, mission and goals of the NWD project are to be realized, there will need to be direction and involvement from the Office of the Deputy Mayor of Health and Human Services. Without such leadership, there is not enough agreement among the individual agencies' leadership to pursue the broader goals. It is not unusual for each individual agency to prioritize fiscal and personnel efforts to meet individual agency demands and goals. Even where there are shared priorities, it is important to have cross-agency leadership to ensure that all agencies are coordinating those efforts in both effort and process.

#### Shared Priorities

Areas where there has been expressed shared priorities, or where there could be benefits to all agencies if shared, are listed below:

- 1) Develop capacity for on-going PCP training for the private and public-sector. Explore expanding the DBH Training Institute, UDS workforce development and DOH training sites for Home Health Aide training.
- 2) Ensure information obtained in the intake process in all agencies is thoroughly assessed and unified where appropriate so when data integration is expanded the intake and eligibility process can be increasingly streamlined.

- 3) Establish common provider readiness standards to support PCP principles and practices.
- 4) Engage the Office of the Deputy Mayor in cross-agency strategic planning to provide a charter for Leadership Council. Effective collaboration is dependent upon each agency seeing value in engagement.
- 5) Establish outcome measures to be shared by all agencies to provide data to evaluate future effectiveness of specific goals and activities.
- 6) Include transition age youth as part of the NWD project. This population group is a focus of DBH, DDS, CFSA and DHCF, and youth who will need on-going support from adult service systems will benefit from improved coordination between and among the multiple service agencies involved in that transition.

### Sustainability Strategies

While the specific strategies will be dependent upon what elements of the NWD project are identified for on-going initiatives following the conclusion of the grant period, planning for FY 2019 will need to occur in the first quarter of FY 2018 for the District's budget cycle. All agencies are in agreement that the staff associated with the grant have been instrumental in guiding the project and contributing to the inter-agency collaboration on work products. All of those staff are located within DDS, so there will need to be a determination of what level of effort will continue to be shouldered by DDS for the long-term benefit of the District's LTSS system. DDS and DHCF should engage in those planning discussions for the purpose of identifying whether FFP can be a source of funding for administrative claiming as it relates to the operation of the Medicaid program.

The need to develop capacity for on-going training in person-centered planning and practices is a shared need among DHCF, DCOA and DDS. Three strategies have been identified as possible avenues to develop that capacity. The DBH Training Institute will require an assessment of the number of FTE's that would need to be dedicated to expanding its capacity. The UDC option may have workforce development options that can be explored. Adding PCP training to the Department of Health approved training entities is a third option.

Regardless of what specific NWD initiatives may be pursued going forward, the issue of fiscal level of effort will require significant cross-agency collaboration. As such, addressing the role of the Leadership Council and the District's short and medium range goals for the LTSS system should be the first priority participating agencies in FY 2018.

The results of the interviews and the preliminary recommendations found in Attachment A provide additional details for work to be completed by the NWD project in FY 2018 that have been identified as most critical in support of the NWD vision and mission.

## Preliminary Conclusions

There is general agreement that the intake and referral process is an area where improvements are valued and critical to operations. For DHCF, this includes the ability of the District to complete applications for Medicaid long-term care services. This impacts both DCOA and DDS. DDS is evaluating the intake process internally regarding eligibility for DDA and RSA services, how that process is streamlined internally and with external District partners. What is not discussed as clearly is the referral process to either other District agencies or private partners. It is expected that the new case management system under development for DHCF, DDS and DCOA will have a significant impact on unifying intake and eligibility for those three agencies. What also must be addressed is how that new system will interface with the new RSA case management system and the existing DBH system at minimum. There should also be consideration of the CFSa system and DOES. This will impact internal District capacity to make seamless referrals and minimize duplication when residents move between agencies and systems. The new case management system must also support information exchange with the provider service delivery system, and of course with the HIE. Mapping of these business processes and implementing procedural changes are expected to be completed during the last year of the grant project.

Training in Person-centered practices is a major concern for DHCF and DCOA. Neither agency has the training resources to maintain this training for District staff, and have substantial provider networks that will need and benefit from this training on an on-going basis. DDS will also need to remain cognizant of this need for its service delivery system. DBH has an established training institute for both internal and external staff. Developing a sustainability plan for training in this area should be a critical priority for the last year of the grant project.

The grant objectives also expect to establish some amount of common outcome measures for all agencies to incorporate into internal performance measures. This should be a focus for the last year of the grant project to begin work on establishing baseline metrics, and form the basis for future agreements between the agencies to advance the vision of the NWD system.

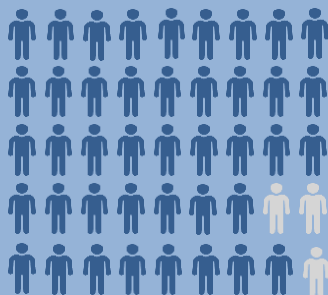
Finally, the leadership in each agency should engage with each other and the Mayor's office to establish common goals for the LTSS system going forward. This will inform the governance structure that will be most appropriate at the conclusion of the grant project.



## Front Door Summit: Enhancing the Front Door Experience: Connecting and Collaborating

# Overall

**DDS & DC Support Link (No Wrong Door Initiative)** hosted an interagency summit focused on enhancing the front door experience for District residents in need of Long Term Services and Supports and their families. The summit was attended by seventy-three staff across six District health and human service agencies and the Mayor's Office of Veterans Affairs. The agencies involved were DDS, DCOA, DHCF, DBH, CFSA, MOVA and DHS.



**42/45**  
agree.

I have the tools and understanding to help people in need of LTSS **make better and stronger connections** to public and private supports and services.

I developed a **stronger LTSS network** for ongoing collaboration

I felt comfortable providing input regarding strategies for **improving the customer experience** at the Front Door.

I felt comfortable discussing approaches to **improving customer service** with other staff and with people in need of LTSS.

<1yr

28%

1-3yrs

36%

>3yrs

36%

Years worked in intake and referral for the health and human services sector

**73**

## ATTENDEES

Intake Supervisor  
Behavioral Health Coordinator  
Resource Development Specialist  
Medicaid Enrollment Specialist  
Project Director  
Assistant Professor  
Information & Referral Specialist  
Supervisory Case Manager  
Chief of Co-Located Services  
Social worker  
Associate Director, ADRC  
Access Helpline Deputy Director  
Program Analyst  
Community Liaison Specialist  
Customer Service  
Communications Specialist  
Community Liaison Specialist  
Behavioral Health Coordinator  
Supervisory Service coordinator  
Public Affairs Specialist  
Policy Analyst  
Program Development Specialist  
Program Manager  
Nurse Specialist  
Outreach Coordinator  
Research Instructor

## Cultural & Linguistic Competence: It All Starts at the Front Desk

Tawara Goode and Dr. Vivian Jackson  
Georgetown University National Center  
for Cultural Competence



## Charting the Life Course: Reframing the Front Door for ALL

Dr. Michelle Reynolds  
University of Missouri-Kansas City Institute  
for Human Development



## Agency Speed Networking and Managers' Breakout Sessions: Making Connections

Between Partner Agencies



## DC Support Link: Resource Portal and Internal Marketing Strategies

Seaberry Design and Communications &  
Trilogy Integrated Services



TOPICS AND FACILITATORS:





# DCSL Front Door Summit

Front Door staff gained knowledge on national best practices in Person and Family Centered Thinking and Cultural and Linguistic Competence to enhance the front door experience for people in need of LTSS.

94 % Agree that the DC Support Link Resource Portal is a valuable tool



## Culture LANGUAGE

98 %  
Agree that they can define culture

100 %  
Can apply the key elements to their roles, responsibilities and job functions

98 %  
Understand the role of the cultural ambassador

100 %  
Agree that they understand the key elements for cultural and linguistic competence

96 %  
Felt comfortable contributing ideas to the discussion on improving cultural and linguistic competence at the "front door".

## Person-Centered



## Charting the LifeCourse

100 %  
Understand how the core principles of Charting the LifeCourse are supporting change for people in need of LTSS and their families across the lifespan.

96 %  
Understand how to integrate the framework into person-centered thing processes and procedures as it relates to the "front door".

94 %  
Can utilize Charting the LifeCourse problem-solving and planning tools in day-to-day practice to enhance the "front door" experiences for people.





## FRONT DOOR SUMMIT

### Enhancing the Front Door Experience: Connecting and Collaborating

September 25, 2017

8:00 am to 9:00 am	Registration and Continental Breakfast
9:00 am to 9:15 am	<b>Morning Welcome:</b> Joan Christopher, Master of Ceremonies Andrew Reese, Director, DDS
9:15 am to 9:30 am	Opening Round
9:30 am to 11:00 am	<b>Activity:</b> Cultural and Linguistic Competence: It all Starts at the Front Desk Tawara Goode, Dr. Vivian Jackson, Georgetown University's National Center on Cultural Competence
11:00 am to 11:15 am	Break
11:15 am to 12:45 pm	<b>Activity:</b> Charting the LifeCourse: Reframing the Front Door for ALL Dr. Michelle Reynolds, University of Missouri-Kansas City's Institute for Human Development, National Community of Practice on Supporting Families
12:45 pm to 1:45 pm	Lunch
1:45 pm to 1:55 pm	<b>Afternoon Welcome:</b> Laura Newland, Director, DCOA
1:55 pm to 3:10 pm	<b>Activity:</b> Agency Speed Networking and Managers' Break Out Session
3:10 pm to 3:25 pm	Break and Afternoon Snack
3:25 pm to 4:20 pm	<b>Presentation:</b> DC Support LINK Internal Marketing and Resource Portal Overview NWD Team, Seaberry Design and Trilogy Integrated Resources
4:20 pm to 5:00 pm	Closing Reflections

